

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39247
STATE FILE NUMBER
Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1223

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	117
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital			Length of stay in lb 64 yrs	d. STREET ADDRESS 1522 No. 15th St.,			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bert Middle Daniels Last Daniels				4. DATE OF DEATH November, 6, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August, 12, 1893		9. AGE (In years) Last birthday 64 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Grain Company		11. BIRTHPLACE (City and state or country) Tecumseh, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Owen L. Daniels			13b. MOTHER'S MAIDEN NAME Mrs Lydia A. PITTS		14. NAME OF HUSBAND OR WIFE Mrs Barbara Ann Daniels		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491 - 09-9622		17. INFORMANT Address Mrs Barbara Ann Daniels St. Joseph Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Progressive Myocardial Failure. DUE TO (c) Old Asthma - Emphysema lungs PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 241x							INTERVAL BETWEEN ONSET AND DEATH 2-3 wks. ✓ ✓ ?
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-30-57 to 11-6-57 and last saw him alive on 11-5-57 Death occurred at 11-6-57 9:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert W. Kieber, M.D. (Degree or title)				22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 11-8-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 8, 1957	23c. NAME OF CEMETERY OR CREMATORY. Mt. Auburn Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri		
24. FUNERAL DIRECTOR Stamley Fun. Home		ADDRESS St. Joseph, Missouri		25. DATE RECD. BY LOCAL REG. Nov 14, 1957		26. REGISTRAR'S SIGNATURE Mrs Robert Fulton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 19 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George R. Kerby

Licensed Embalmer No. 4752

P. O. Address George R. Kerby

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.